



Bib Data Sheet


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|---|--|-------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/538,455  | <b>FILING DATE</b><br>03/30/2000<br><b>RULE</b> -  | <b>CLASS</b><br>210           | <b>GROUP ART UNIT</b><br>1723   | <b>ATTORNEY DOCKET NO.</b><br>1787-06001 |                                |
| <b>APPLICANTS</b><br>Yang Xu, Houston, TX ;<br>Teresa Lechner-Fish, Houston, TX ;   |  |                               |   |  |                                |
| <b>** CONTINUING DATA *****</b> <i>W</i><br>THIS APPLN CLAIMS BENEFIT OF 60/141,357 06/28/1999  |  |                               |   |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b> <i>W</i>   |  |                               |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 05/30/2000</b>  |  |                               |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>one</i><br>Examiner's Signature Initials |  | <b>STATE OR COUNTRY</b><br>TX | <b>SHEETS DRAWING</b><br>15   | <b>TOTAL CLAIMS</b><br>17                | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>23505   |  |                               |   |  |                                |
| <b>TITLE</b><br>Stream switching system   |  |                               |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>690   | <b>FEES:</b> Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |

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